

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ester Ream Allen					CERTIFICATE OF DEATH		
Died at	Town	Cecil County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Female	Age	3				
Occupation	Color or Race	Colored	Born in				
Married, Single or Widowed	Name of Wife or Husband		Where Residing if not at place of death				
Father's Name	Not knowned		Father's Birthplace				
Mother's Maiden Name	Helen Allen		Mother's Birthplace				
Name of person giving information	Mary V Allen		How related to deceased				

CAUSES OF DEATH

Primary

Convulsions

71

How long

2 hour

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Br

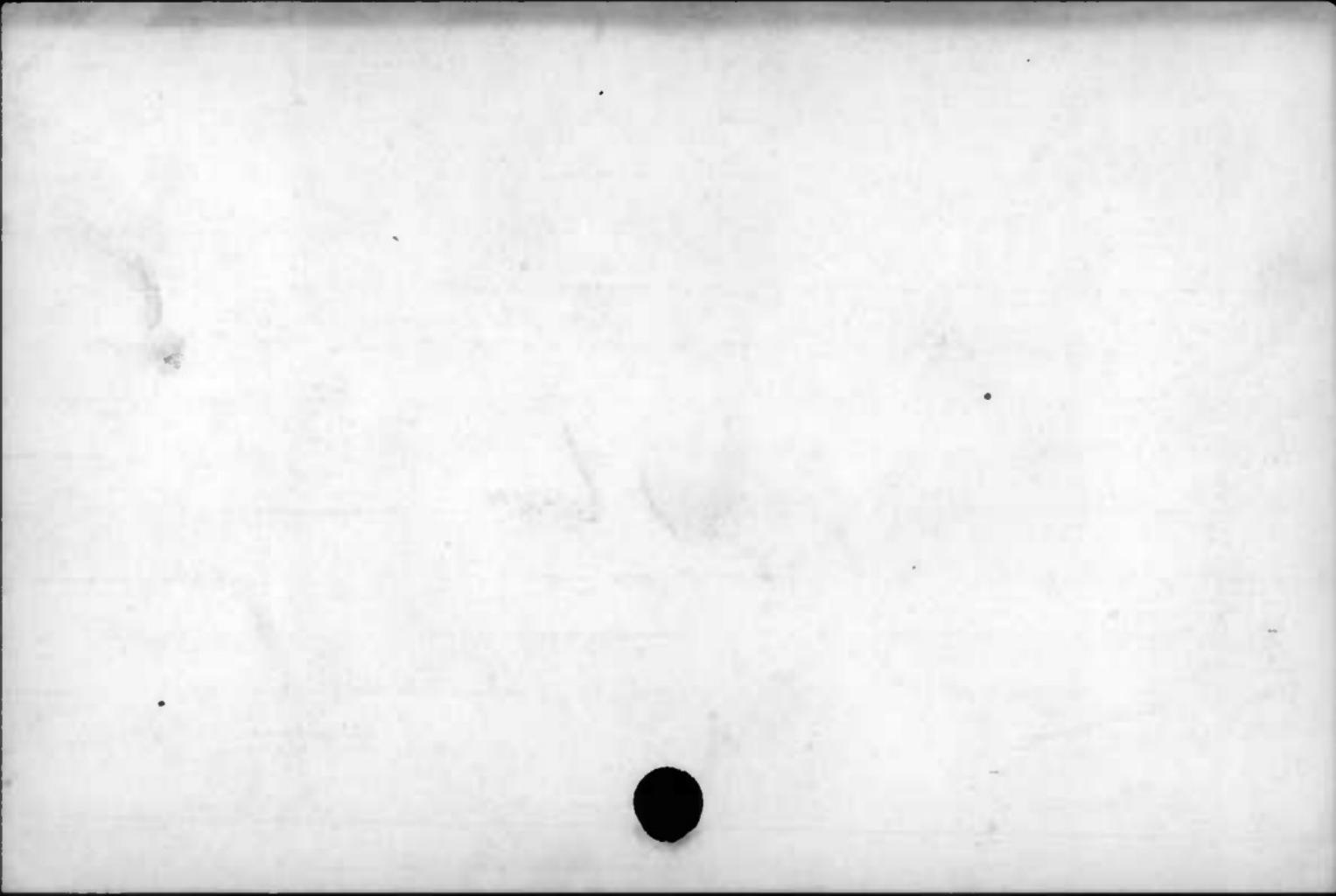
Signature of Physician

Address

H R Clemmons

Port Deposit
Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY

NEAREST FRIEND

John Lewis Bailey					CERTIFICATE OF DEATH		
Died at Cecilton		County Cecil			MARYLAND		
Date of death 1907	Month June	Day 15 th	Age 72	Years	Months 2	Days	
Sex Male	Color or Race Negro				Birth-place Denton, Md.		
Occupation Labor	Where Residing if not at place of death Cecilton						
Married, Single or Widowed married	Name of Wife or Husband Arbella Bailey				Father's Birthplace Denton, Md.		
Father's Name Obedia Bailey,				Mother's Birthplace Denton, ..			
Mother's Maiden Name Alice Green				How related to deceased Brother			
Name of person giving Information Geo. S. Bailey							

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

Bonnes séries : La graphie

How long

2 monates

Immediate

Pulmonary Hemorrhage

| How long

^g Ten minutes

Are the name, age, sex, color, date
and place correctly given above?

三

Signature of
Physician

Address

E. N. Crawford

Cecilton

me

Accident or Suicide?



Name
in
Full

Alfred Quinton Boyer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Port Deposit

County

Baltimore

MARYLAND

Date
of death

1907

Month

June

Day

22

Years

1

Months

3

Days

12

Age

Sex

Male

Color or
Race

Colored

Birth-
place

Pennsylvania

Occupation

none (Infant)

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

—

Father's
Name

Alfred Boyer

Father's
Birthplace

Baltimore Co.

Mother's
Maiden Name

Marguerite Vance

Mother's
Birthplace

" "

Name of person giving
Information

Alfred Boyer

How related
to deceased

Father

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

unknown

Immediate

Inhalation

How long

unknown

Are the name, age, sex, color, date
and place correctly given above?

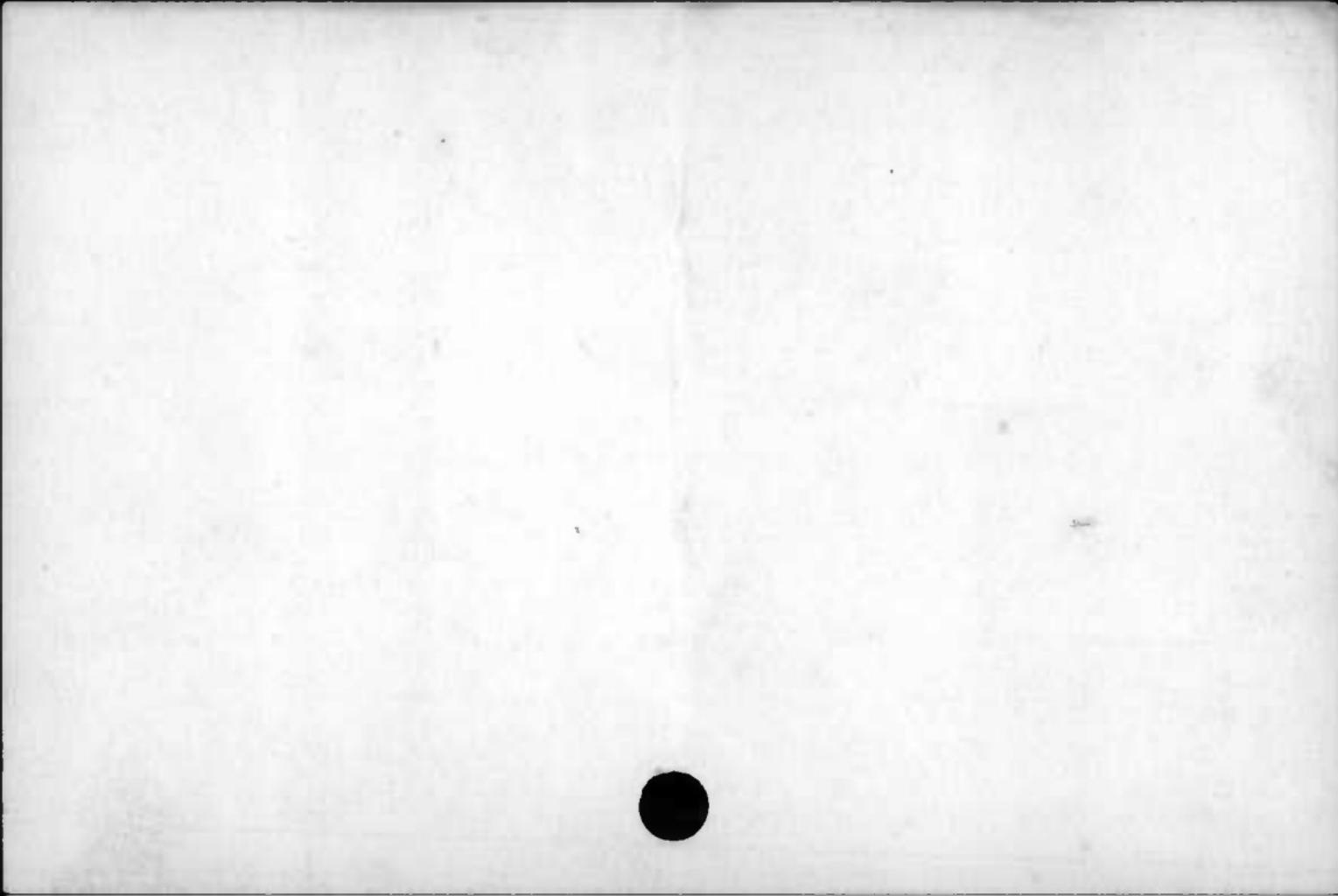
yes

Signature of
Physician

Address

J. D. Brown
Port Deposit Md

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

Julia E. Brokaw					CERTIFICATE OF DEATH		
Died at	Town	Breck			County		MARYLAND
Date of death	Month	Day	Years		Months	Days	
190	June	6	73		11		
Sex	Female	Color or Race	White		Birth-place	Md	
Occupation	Marketer			Where Residing if not at place of death	Home		
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	C. S. Brokaw			Father's Birthplace	H. J.		
Mother's Maiden Name	Marguerite Burkman			Mother's Birthplace	Pete		
Name of person giving information	G. C. Brokaw			How related to deceased	Brother		

CAUSES OF DEATH

120

Primary	Parenchymatous hepatitis <i>esophageal varicosis</i>	How long	9 weeks
Immediate	Cardiac failure	How long	- -
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Jarvis & Whitten
		Address	Lewisville Pa
Accident or Suicide? •			



Name
in
Full

John Bryson
Died at North East Town

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Died at <u>North East</u>		<u>Cecil</u> County			MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>13</u>	Age <u>90</u>	Years <u>90</u>	Months <u>5</u>	Days <u>14</u>
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Cecil County</u>				
Occupation <u>Fanner & Trucker</u>	Where Residing if not at place of death <u>Sarah J. Bryson</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sarah J. Bryson</u>					
Father's Name <u>Thomas Bryson</u>	Father's Birthplace <u>unknown</u>					
Mother's Maiden Name <u>Rebecca Short</u>	Mother's Birthplace <u>Cecil Co.</u>					
Name of person giving Information <u>Wm. I. Bryson</u>	How related to deceased <u>Son</u>					

PHYSICIAN
OR CORONER

Primary

CAUSES OF DEATH
General Debility

179

new long 28 months -

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address:

Wesley Chapel

Name
in
Full

Gabriella R. Hicks

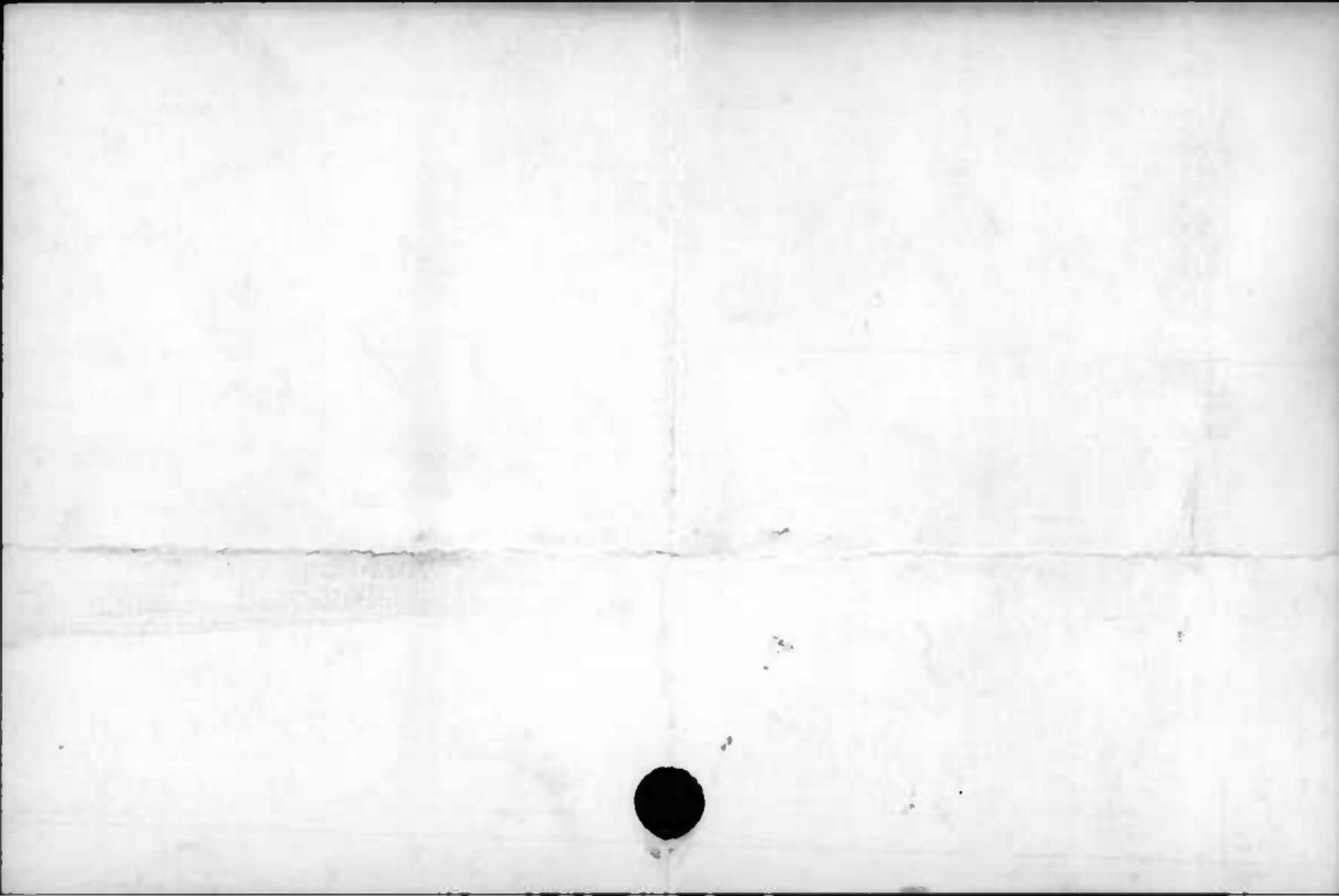
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	24
Occupation	Where Residing if not at place of death	Birth-place	Chester Co. Pa.
Married, Single or Widowed	Name of Husband	Levinsville Ind.	
Father's Name	Thomas H. Ramsey	Father's Birthplace	Chester Co. Pa.
Mother's Maiden Name	Catharine McLean	Mother's Birthplace	Phila. Pa.
Name of person giving Information	Thomas. Ramsey	How related to deceased	Father

CAUSES OF DEATH

Primary	Tuberculosis Phthisis 27		How long
Immediate	Exhaustion. Cardiac failure.		15 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	How long
		Dr Lewis K Whitten	
		Levinsville	Pa
Address			
Accident or Suicide?			



Name
in
Full

Cathern A Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Near Fair Hill			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	On Farm				
Father's Name	William Holland					
Mother's Maiden Name	Fair Hill					
Name of person giving Information	Daughter					

CAUSES OF DEATH

79

How long

six weeks

How long

PHYSICIAN
OR CORONER

Primary

Valvular disease of heart

Immediate

Stoppage and cardiac failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Jewis A Whitten
Lewistown Pa

Accident or Suicide?



Name
in
Full

James R. Jefferson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Oceanside City	Oceel			
Date of death	Month	Day	Years	Months	Days
1907	June	5 th	76 -	4	
Sex	Male	Color or Race	White	Birth-place	Virginia
Occupation	Engineer				
Married, Single or Widowed	Married	Name of Wife or Husband	Rebecca Jefferson	Father's Birthplace	Virginia
Father's Name	Thomas Jefferson				
Mother's Maiden Name	not known				
Name of person giving Information	James R. Jefferson Jr.				
CAUSES OF DEATH					
Primary	Artro-Sclerosis				
Immediate	Artro-Sclerosis & Mental Status				
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	81	
			Address	How long	
			Oletha G. Laws M.D.	5 or 6 yrs.	
			Oceanside City	How long	
			Md.		

PHYSICIAN
OR CORONER

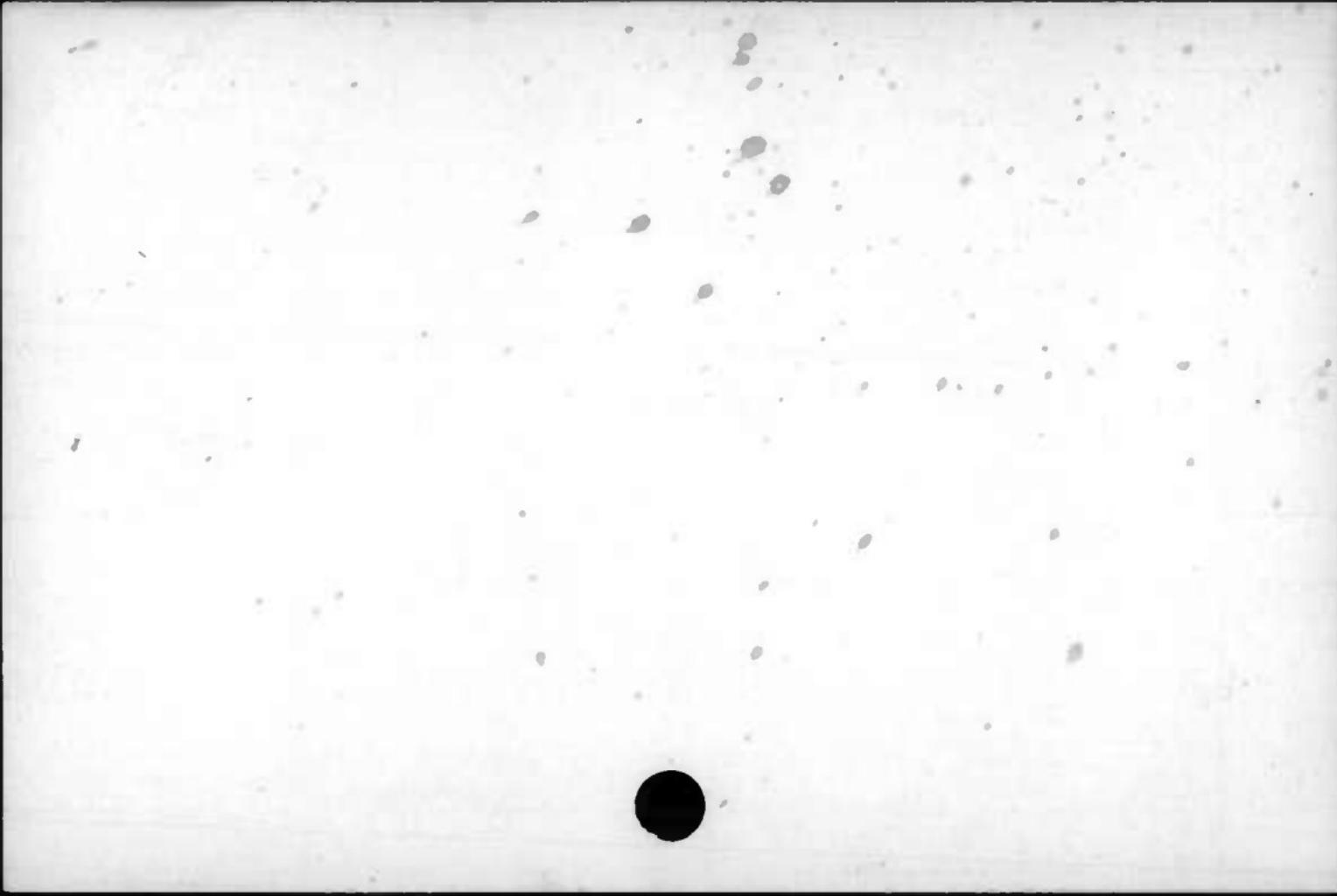
Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Mirrie Lall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Cecil		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Colored	Birth-place	Va	
Occupation	Cook	Where Residing if not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	James Lall	Father's Birthplace			Unknown	
Mother's Maiden Name	Hannah Glubben	Mother's Birthplace			Unknown	
Name of person giving Information		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aphibpy

64

How long

2 hours

How long

Immediate

Sur

82 Clunow

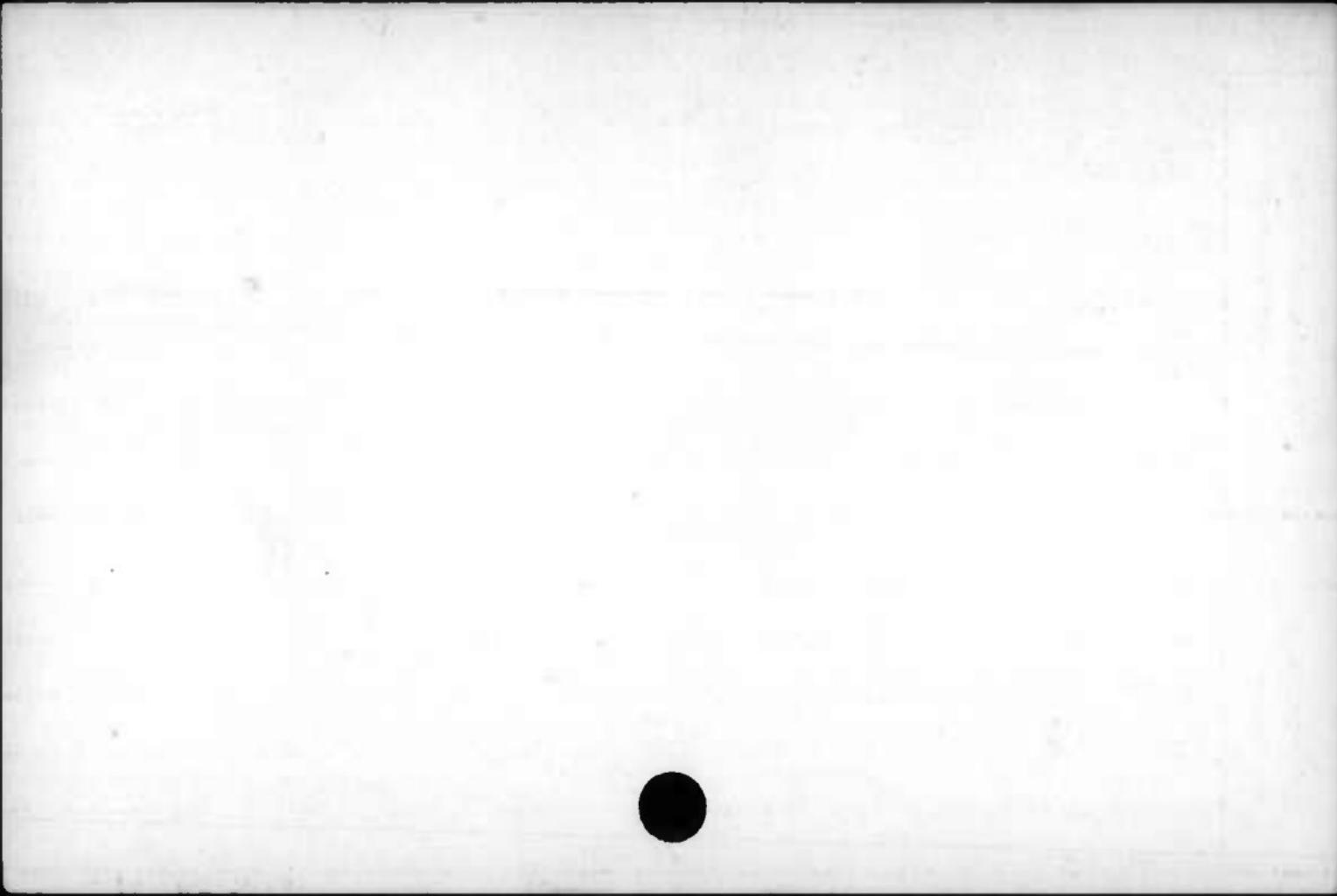
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Rm 6c Unit
1st

Accident or Suicide?



Name
in
Full

Cassie Lee

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	85
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Alma's house	
Father's Name	John Lee		
Mother's Maiden Name	Diamma not known		
Name of person giving Information	John Mahony		

CAUSES OF DEATH

Primary	Old age	154	How long
Immediate	Gastro-enteritis		7 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Lefsa. E. J. Grills
		Addres	North East. Md.
Accident or Suicide?			

PHYSICIAN
OR CORONER

Home Bureau Growers
near W. J. Warburton's place
in Cecil County.

Name
In
Full

Mary M. Lovless

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Chesapeake City	County	Erie Co.	MARYLAND	
Date of death	Month	6	Day	22	Years	50
Sex	Female	Color or Race	White	Birth-place		
Occupation	Husband			Where Residing if not at place of death	Chesapeake City	
Married, Single or Widowed	George Lovless			Name of Wife or Husband		
Father's Name	John W. Evans.			Father's Birthplace	—	
Mother's Maiden Name	May			Mother's Birthplace	—	
Name of person giving information	George Lovless			How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

37

How long

5 years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

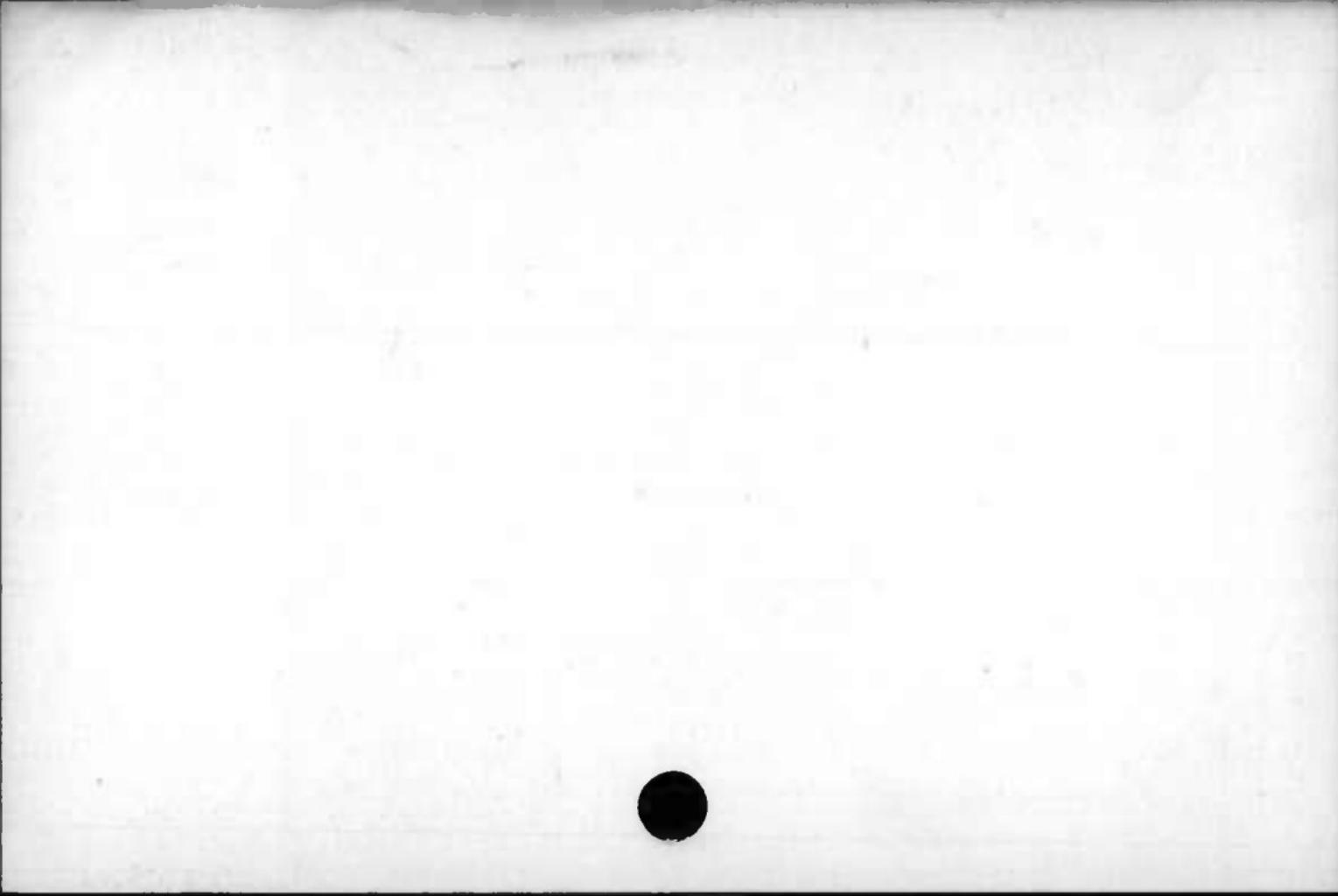
yes

Signature of Physician

Address

J. Haney MD
Chesapeake City
Maryland

Accident or Suicide?



Name
in
Full

Martha McCabe

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1907	Month June	Day 14	Years 68
Sex Female	Color or Race	Birth-place	
Occupation Housewife	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Lewis McCabe	
Father's Name	Isaac Beyard		
Mother's Maiden Name	Julia		
Name of person giving information	Susie Eller		

93

How long

PHYSICIAN
OR CORONER

Primary

Valvular Atr. & Tract

Immediate

Exhaustion following Intercurrent Pneumonia (Double)

How long

9 days -

Signature of Physician

Address

Juett J. Janow

Sybil

Mayland

Accident or Suicide?

Below go -

No 35-

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	J. A. money	(S)	Father's Birthplace	Md.	
Mother's Maiden Name	margaret Cooper		Mother's Birthplace	Md.	
Name of person giving information	+ father		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

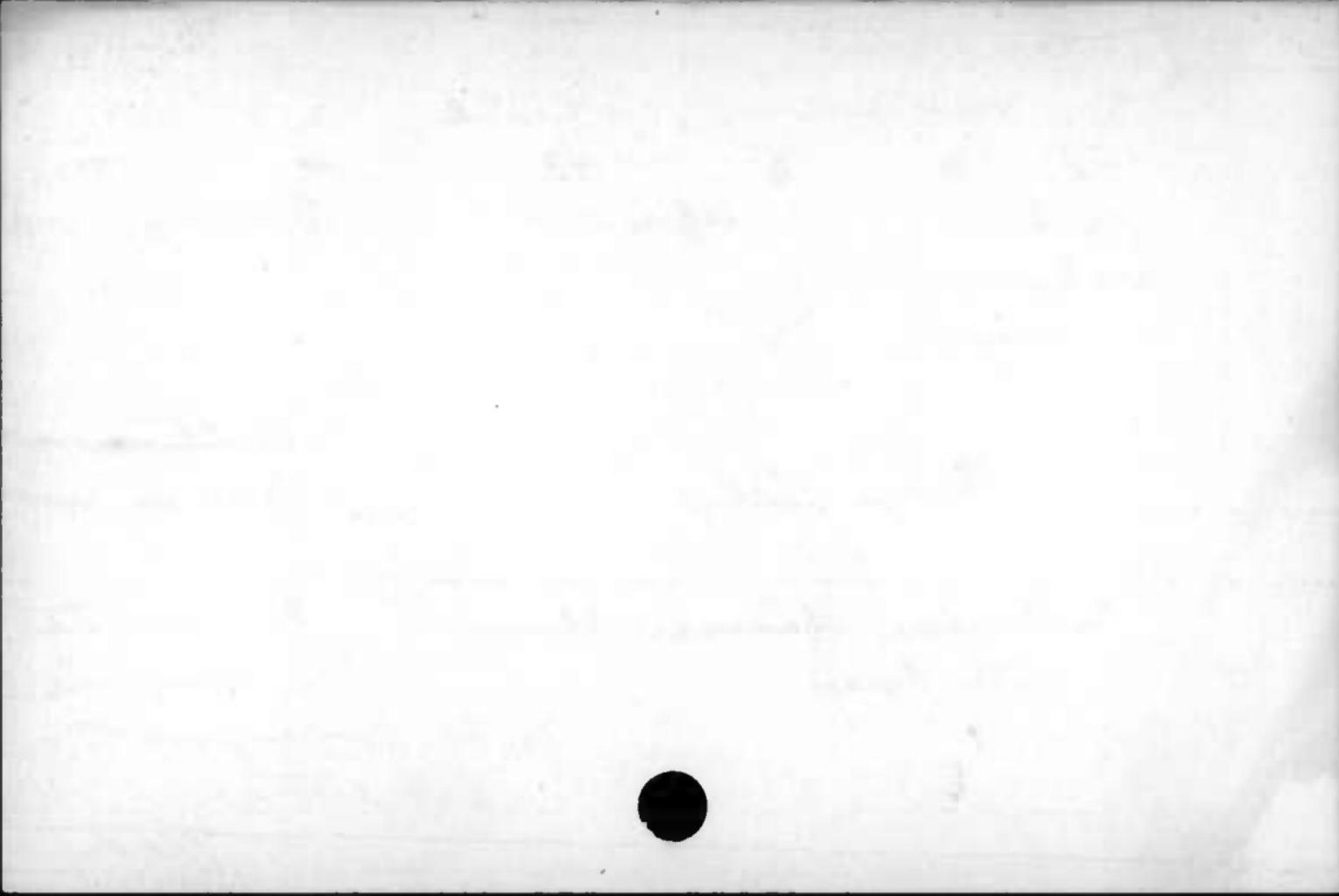
Primary	(S)	How long
Premature, Still Born		How long
Immediate		

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

James Morris

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1907	Month 6	Day 5	Years 43	Months -	Days -
Sex Male	Color or Race african	Birth-place Baltimore and			
Occupation laborer	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Hartman ✓			
Father's Name	dont know ✓				
Mother's Maiden Name	Prisilla Morris				
Name of person giving information	George Ziller				

CAUSES OF DEATH

(79)

PHYSICIAN
OR CORONER

Primary

tubular disease Heart

Indefinate

Immediate

Dropsey

3 minutes

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

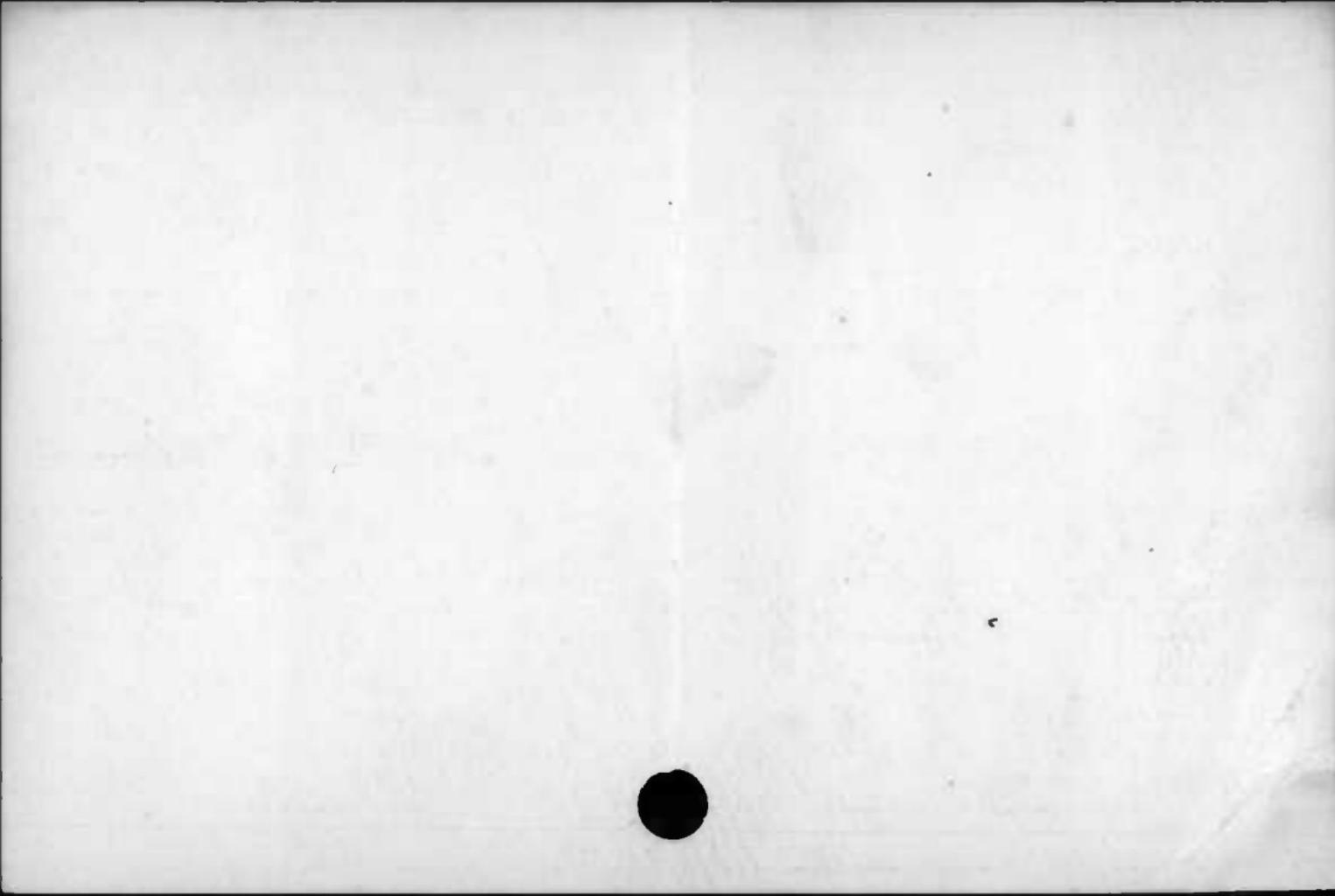
Address

E. H. Brauford

Lectric

and

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Amos Alexander Morrison Jr

CERTIFICATE OF DEATH

Died at	Town	County	State		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Amos A Morrison				
Mother's Maiden Name	Fannie E. Morrison				
Name of person giving Information	Fannie E Morrison				
Maryland					
Delaware					
Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	7etanus	72	How long
Immediate	spasm of the respiratory muscles		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr Jarvis Whitter
		Address	Gwynedd Pa
Accident or Suicide?			

08'

Name
in
Full

Harriet Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Leatherbury	County Baltimore	MARYLAND
Date of death	Month June	Day 2	Years Age 60
Sex Female	Color or Race Caucasian	Birth- place Other Pa	Days 4
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name albeit Taylor	Father's Birthplace West - Co
Mother's Maiden Name Ella Holden		Mother's Birthplace West - Co	
Name of person giving Information Susan Furt		How related to deceased Sister	

CAUSES OF DEATH

Primary

old age

154

How long

Immediate

Inflammation

How long

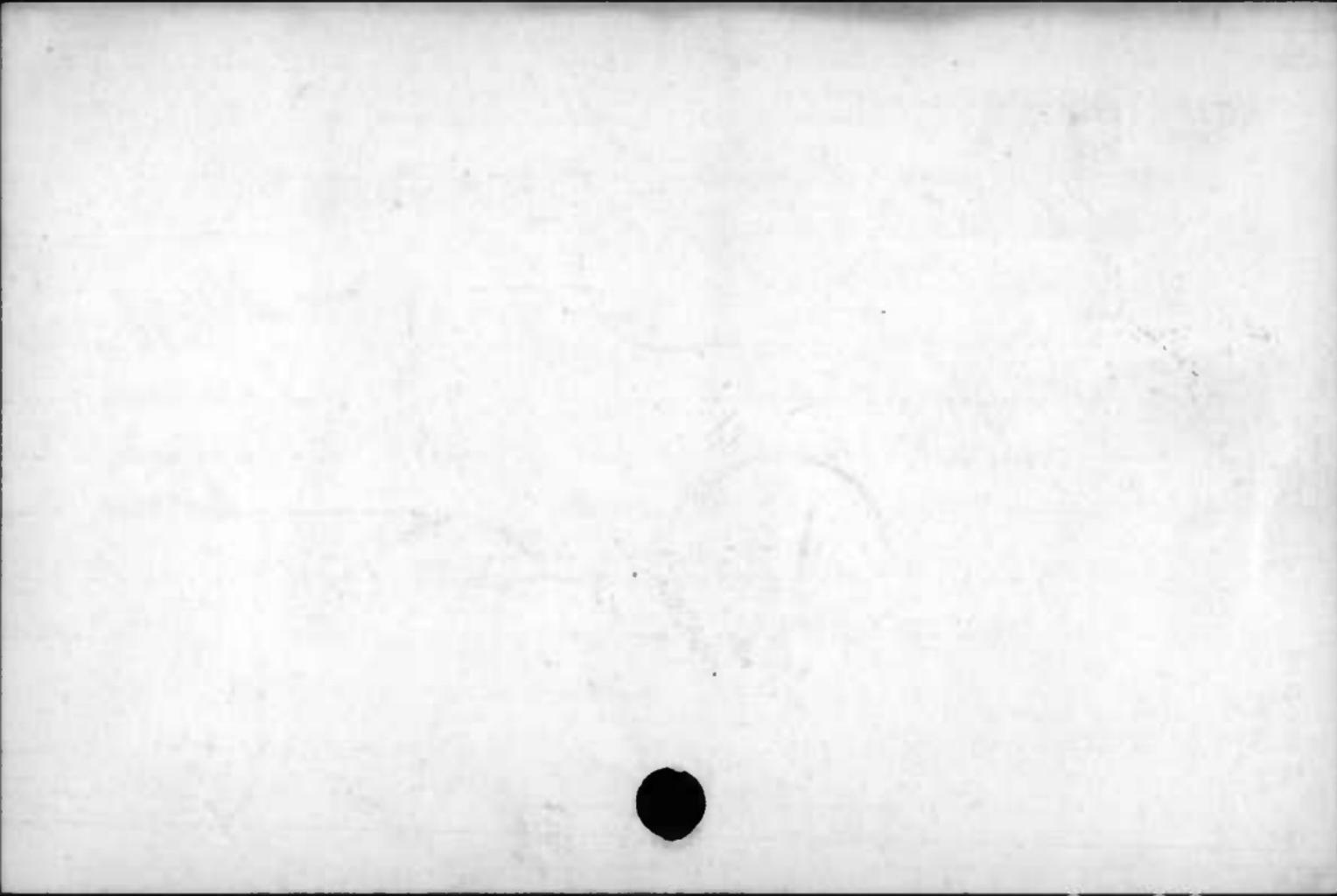
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician
A. LeBrown

PHYSICIAN
OR CORONER

Address
Port Deposit
Md.

Address



Name
in
Full

Robert Henry Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Nancy. a. Mcandough			Father's Birthplace
Mother's Maiden Name	Pennia.			Mother's Birthplace
Name of person giving Information	Pennia.			How related to deceased

June 5th Conowingo Cecil Co 1907 June Wednesday 75 4 27

White male White

River Pilot

Widow

Wm N. Stewart

don't no

Wm N. Stewart

son

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

6 mos

Immediate

General debility

How long

~ ~ ~

Are the name, age, sex, color, date and place correctly given above?

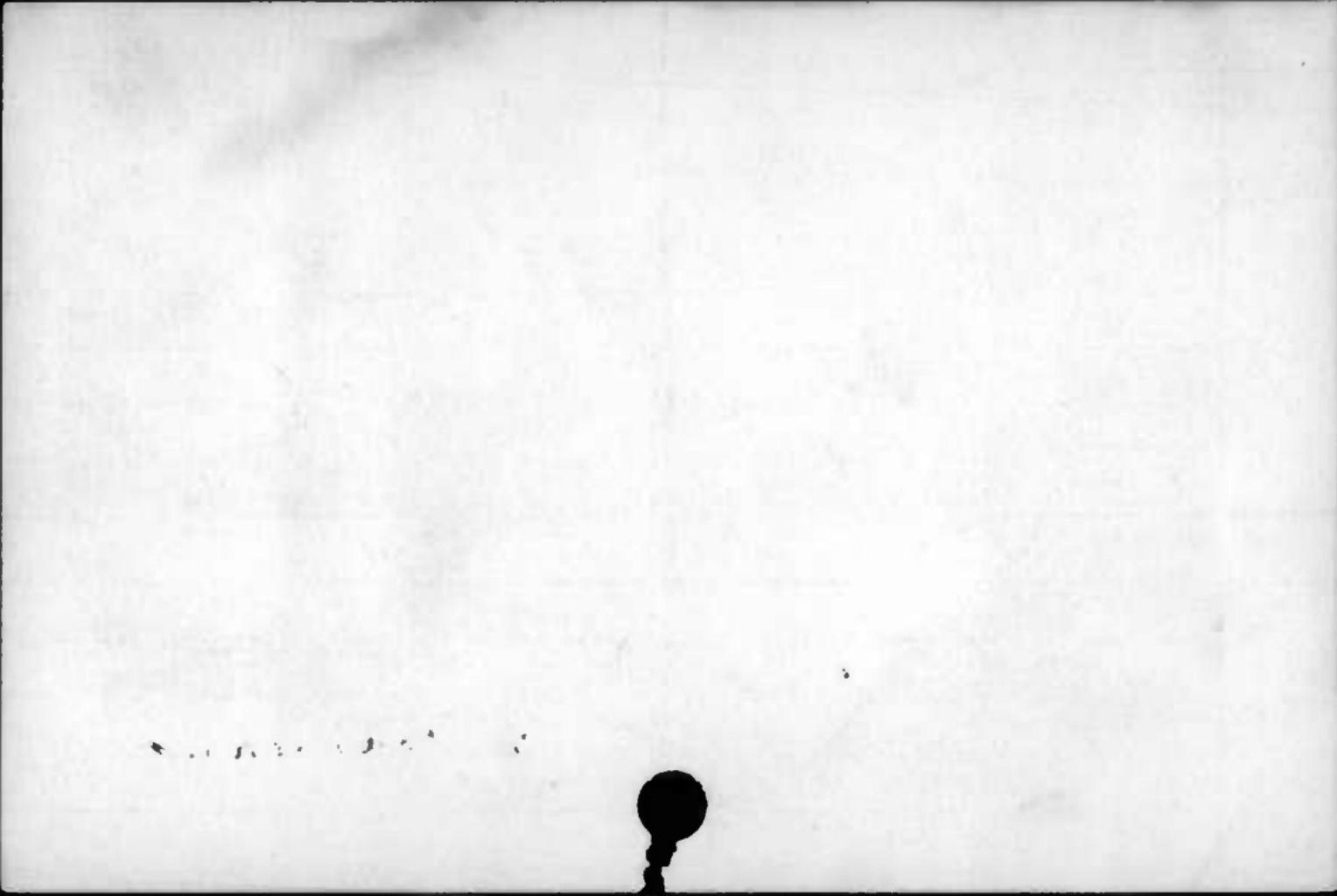
Signature of Physician

Yes

Address

Geo. W. Gillespie
Pleasant Grove Pa

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John Washington

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Mother's Birthplace
Mother's Maiden Name	John Washington	Geloland	Geloland
Name of person giving Information	Bethie Paffon	Geloland	Geloland
	Ruth L. May	Geloland	Geloland

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's Dis.

Immediate

Weak Dis.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

S. G. Peabody
Patterson, Md.

120

How long

2 years

How long

14 days

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Elk Neck</u>		Town	<u>Lewis</u> County		MARYLAND		
Date of death <u>1907</u>	Month <u>June</u>	Day <u>12</u>	Age	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>colored</u>	Birth-place <u>Elk Neck</u>					
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband						
Father's Name <u>Curtis Ford</u>			Father's Birthplace <u>Elk Neck</u>				
Mother's Maiden Name <u>Salle Young</u>			Mother's Birthplace <u>Elk Neck</u>				
Name of person giving Information <u>Salle Young</u>			How related to deceased <u>Mother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus

(151)

How long

Since birth

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

L. F. Gurnick

North East

Md

Accident or Suicide?

Elk Creek